

Name  
in  
Full

*Arthur Anderson*

CERTIFICATE OF DEATH

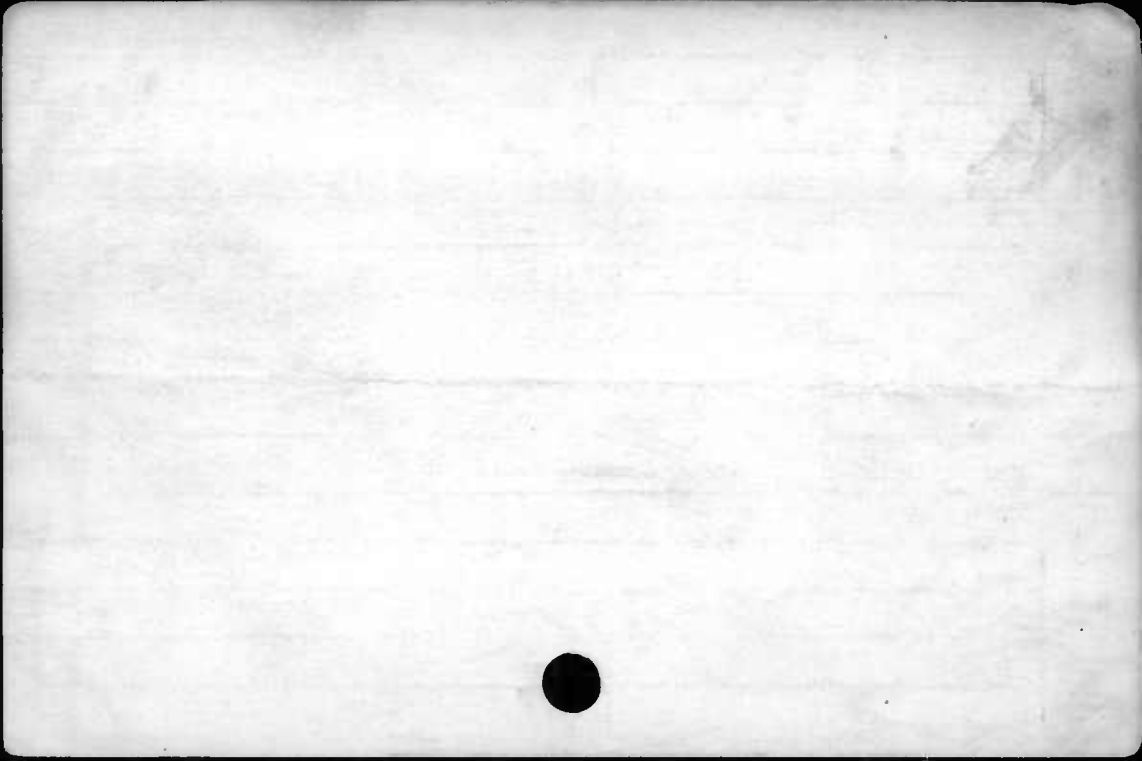
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Denton</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>15</i>	Age <i>—</i>	Months <i>10</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>	
Occupation <i>none</i>			Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Arthur J. Anderson</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Emmalene Stokely</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving In formation <i>Arthur J. Anderson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="font-size: 2em; font-weight: bold;">93</div> </div>	How long <i>2 weeks</i>
Immediate <i>same</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>P. H. Fisher</i>
		Address <i>Denton</i>
Accident or Suicide? <i>—</i>		<i>Ind</i>

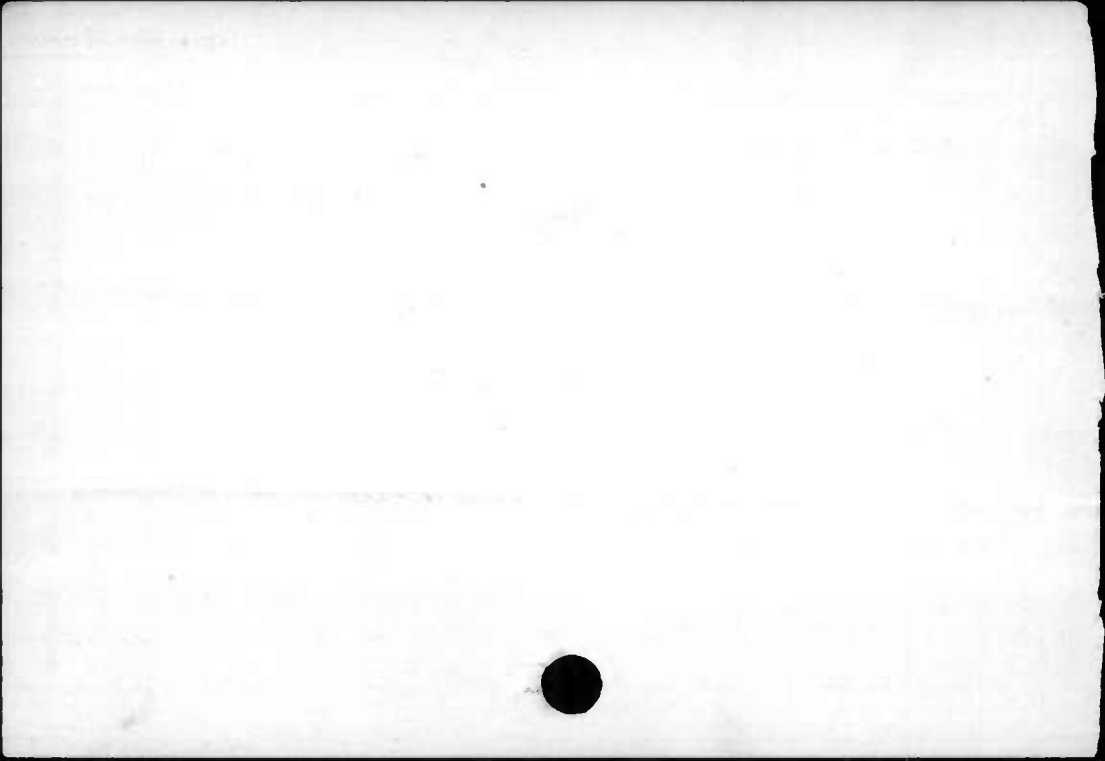


Robert Baynard, Jr				CERTIFICATE OF DEATH	
Died at <i>New Goldstown.</i>		County <i>Caroline</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
<i>1906</i>	<i>March</i>	<i>2</i>	<i>3</i>		<i>1</i>
Sex <i>Male.</i>	Color or Race <i>Col.</i>		Birth-place <i>Chesbro Pa</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Robert Baynard</i>			Father's Birthplace <i>Greensboro Md</i>		
Mother's Maiden Name <i>Mattie Hubner</i>			Mother's Birthplace <i>Caroline Co. Md</i>		
Name of person giving information <i>W. A. Brown</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

(93)

Primary	How long
<i>Double Pneumonia</i>	
Immediate	How long
<i>Double Pneumonia</i>	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. S. S. M.</i>
	Address <i>Goldstown Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

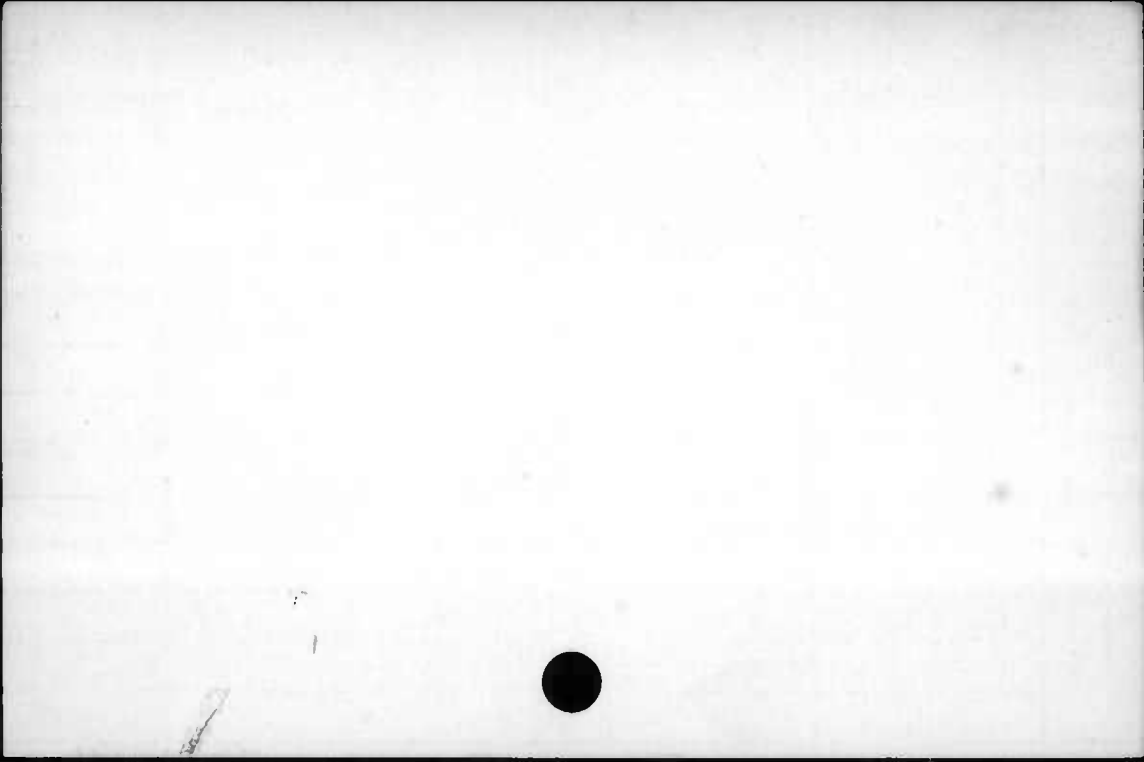
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Geo. Washington Boile</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Ridgely</i>		Month <i>March</i>		Day <i>7</i>		Years <i>8</i>	
Date of death 190 <i>6</i>		Month <i>March</i>		Day <i>7</i>		Days <i>15</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md.</i>			
<del>Married</del> Single <del>or Widowed</del>		Occupation <i>Import</i>					
Name of Wife or Husband <i>Frank Boile</i>		(Father's Name)					
Father's Name <i>Frank Boile</i>		Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Boston</i>		How related to deceased <i>Landlord</i>					
Name of person giving information <i>Wesley Jarrell</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Eight days</i>
Immediate <i>Only saw child once</i>	How long <i>Eight days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. N. Richards</i>
	Address <i>Ridgely Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death 1906

Month

3

Day

31

Age

Years

13

Months

9

Days

21

Sex

Female

Color or  
Race

Black

Birth-  
place

MS

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John W. Campers

Father's  
Birthplace

MS

Mother's  
Maiden Name

Hanna Campers

Mother's  
Birthplace

MS

Name of person giving  
Information

Jno Campers

How related  
to deceased

## CAUSES OF DEATH

Primary

Eclampsia

How long

2 days

Immediate

Do

Are the name, age, sex, color, date  
and place correctly given above?

Yes

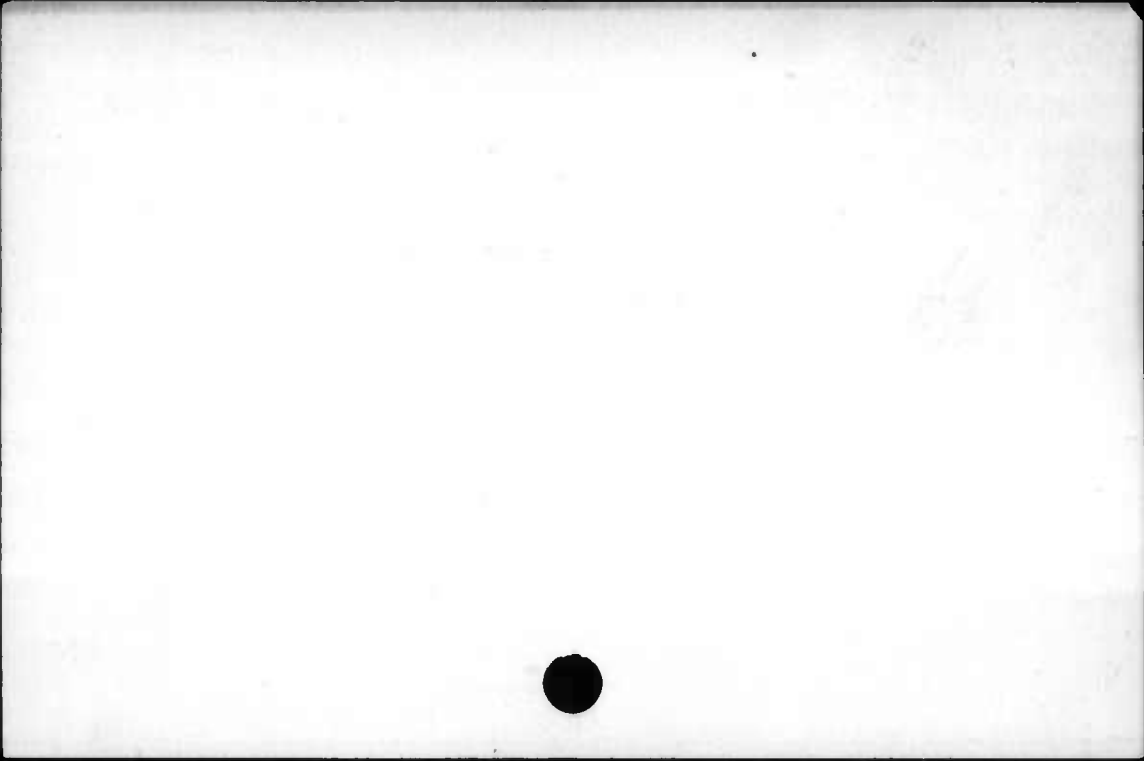
Signature of  
Physician

Address

Raymond D. Brown

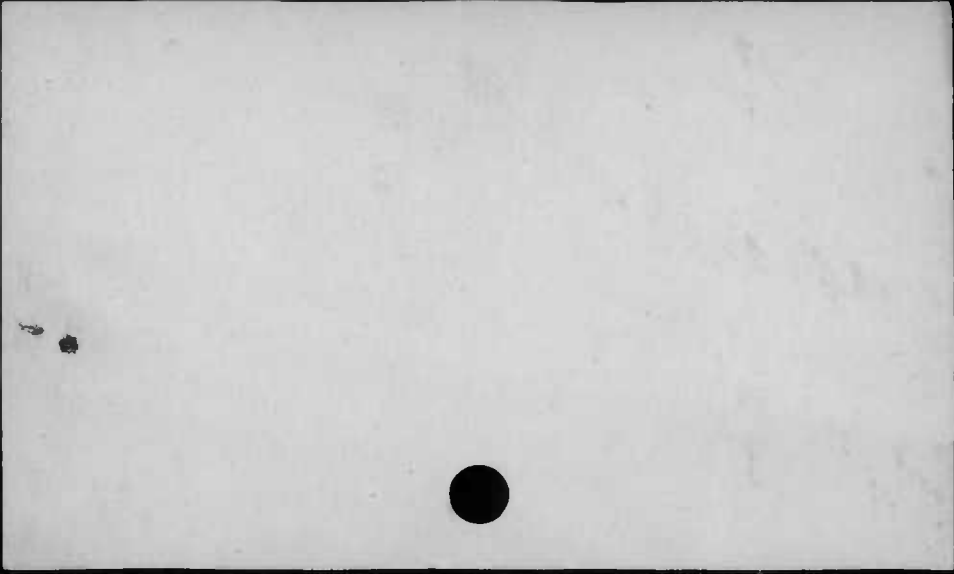
Accident or Suicide?

PHYSICIAN  
OR CORONER





### Certificate of Death



Name in Full		Alton Brooks Dean				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Lincolnton		Caroline		MARYLAND	
	Date of death	1906	Month	May	Day	20	Age
					Years	1	Months
							Days
	Sex	male		Color or Race	white		Birthplace
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	John W. Dean				Father's Birthplace	Maryland
	Mother's Maiden Name	Kate May Fleming				Mother's Birthplace	Maryland
	Name of person giving information	John W. Dean				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Whooping Cough (4)				How long	one month
	Immediate	Spinal Meningitis				How long	one day
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. L. Noble	
					Address	Forston Md	
	Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Mary Matilda Dixon*

Died at *Dear Denton* <sup>Town</sup> *Caroline* <sup>County</sup>

Date of death *1906* <sup>Month</sup> *3* <sup>Day</sup> *16* <sup>Years</sup> *19* <sup>Months</sup> *—* <sup>Days</sup> *16*

Sex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation *Housewife* Where Residing If not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Ernest Dixon*

Father's Name *James Flamer* Father's Birthplace *Maryland*

Mother's Maiden Name *Sarah* Mother's Birthplace *"*

Name of person giving Information *Ernest Dixon* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pregnancy* <sup>How long</sup> *9 months*

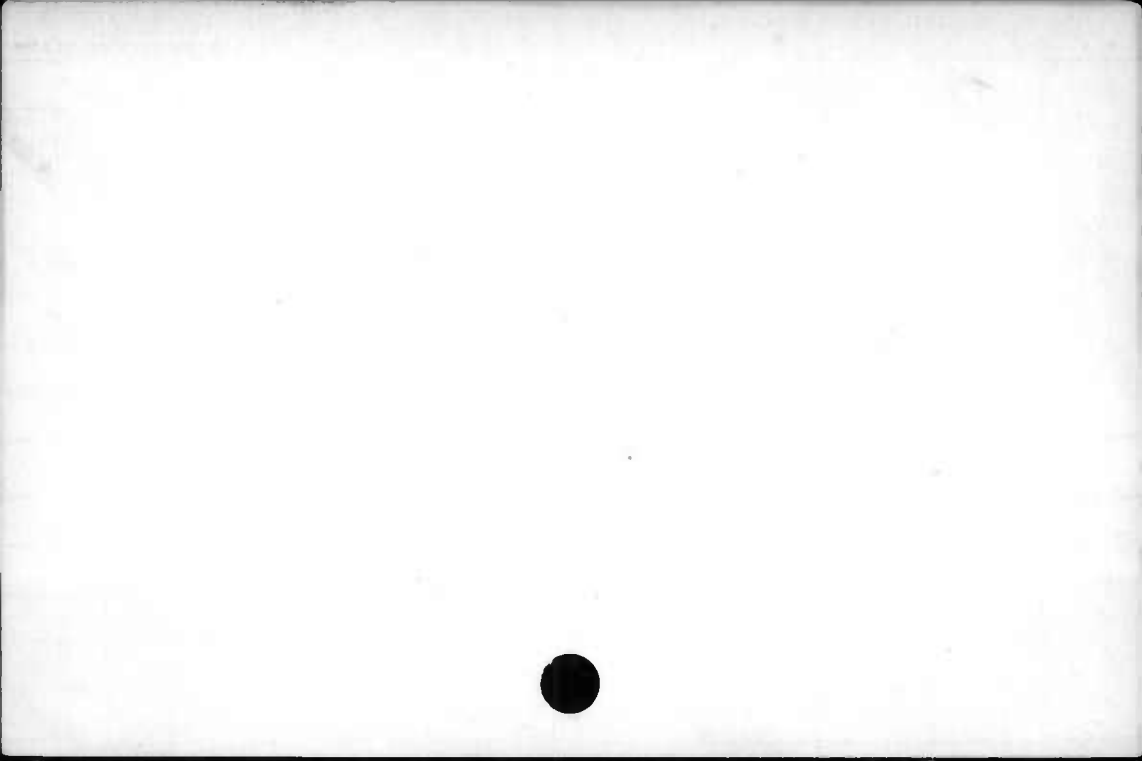
Immediate *Puerperal Eclampsia* <sup>How long</sup> *3 1/2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. W. Simmons*

Address *Denton*

Accident or Suicide? *no*



Name  
in  
Full

CERTIFICATE OF DEATH

Ellen F Dungan

Town

County

MARYLAND

Died at Redgely

Caroline

Date

Month

Day

Years

Months

Days

of death 1906

Mar

13

Age

49

Sex

Female

Color or  
Race

white

Birth-  
place

Balto City

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

married

Name of Wife or  
Husband

J V Dungan

Father's  
Name

Jas B Doney

Father's  
Birthplace

Balto City

Mother's  
Maiden Name

Rebecca Shultz

Mother's  
Birthplace

Prussia

Name of person giving  
In formation

J V Dungan

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

5 years

Immediate

Exhaustion

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. C. Madara

Ridgely

Md.

~~Accident or Suicide?~~

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Mary V. Hammond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Ridgely<sup>County</sup> CarolineDate of death 1906 <sup>Month</sup> 3<sup>Day</sup> 2Age <sup>Years</sup> 15<sup>Months</sup> 2<sup>Days</sup> 2

Sex Female

Color or Race Negro

Birth-place *Id*

Occupation

Where Residing if not  
at place of death *-*Married, Single  
or WidowedName of Wife or  
Husband *-*

Father's Name Solomon Hammond

Father's Birthplace *Id*

Mother's Maiden Name Mary Hammond

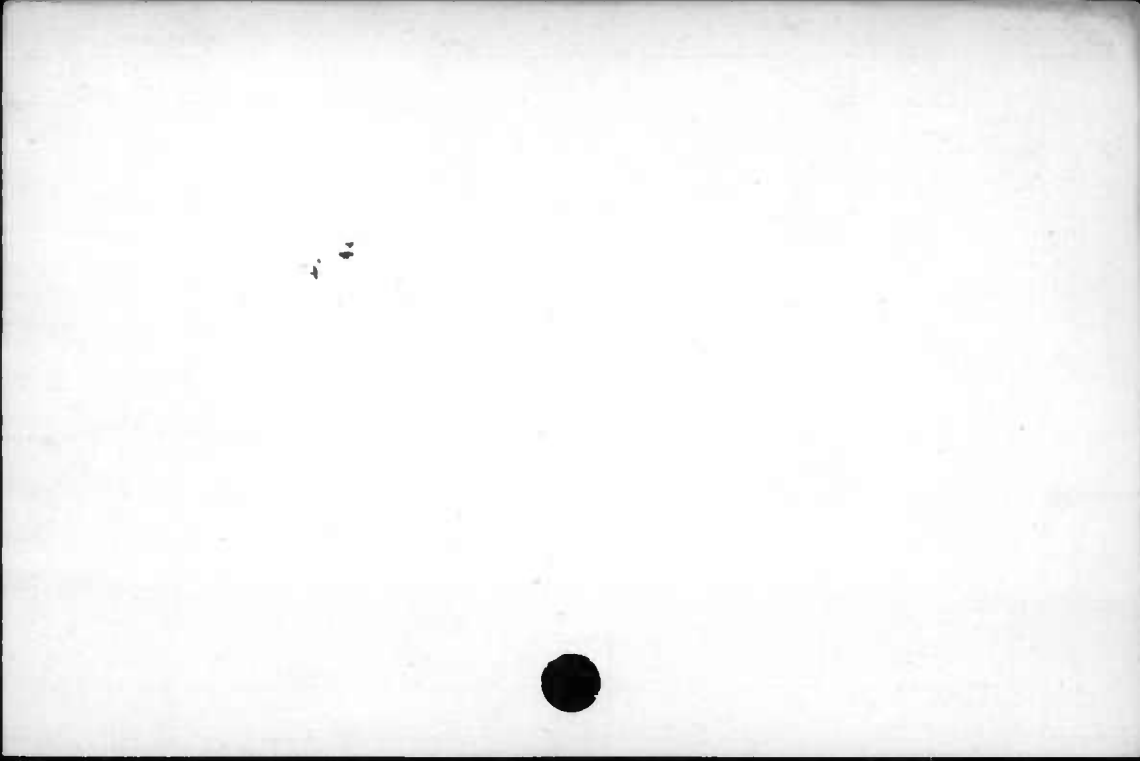
Mother's Birthplace *Id*Name of person giving  
In formation John E. HenryHow related to deceased *Uncle*

## CAUSES OF DEATH

Primary *deaths*How long *Three weeks*Immediate *Pneumonia*How long *one week*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of Physician *D. S. Stone*Address *Ridgely*

Accident or Suicide?

*Yes*



Robert H. Hummery

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

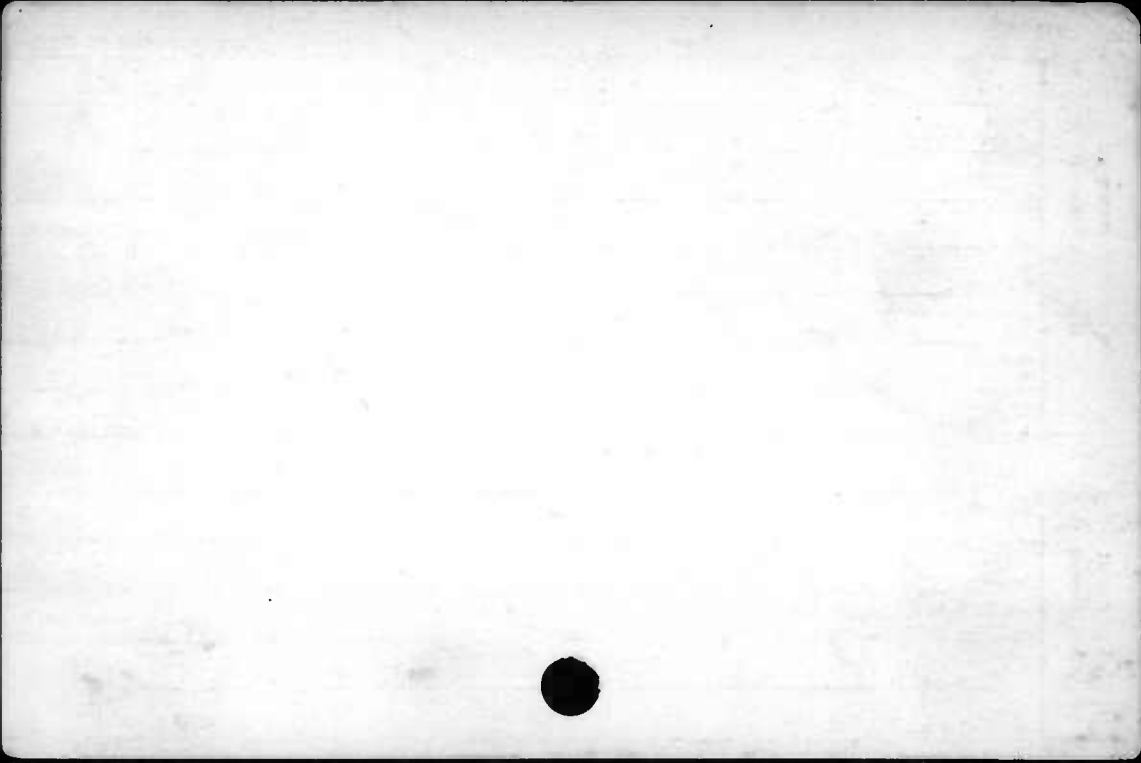
MARYLAND

Died at <u>Horton</u> <small>Town</small>		<u>Caroline</u> <small>County</small>			
Date of death <u>1906</u>	Month <u>3</u>	Day <u>16</u>	Age <u>—</u>	Months <u>9</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>none</u>		Where Residing if not at place of death <u>Same</u>			
<del>Married</del> Single or Widowed		<del>Name of Wife or Husband</del>			
Father's Name <u>Richard Hummery</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Martha Kraber</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Richard Hummery</u>		How related to deceased <u>Father</u>			

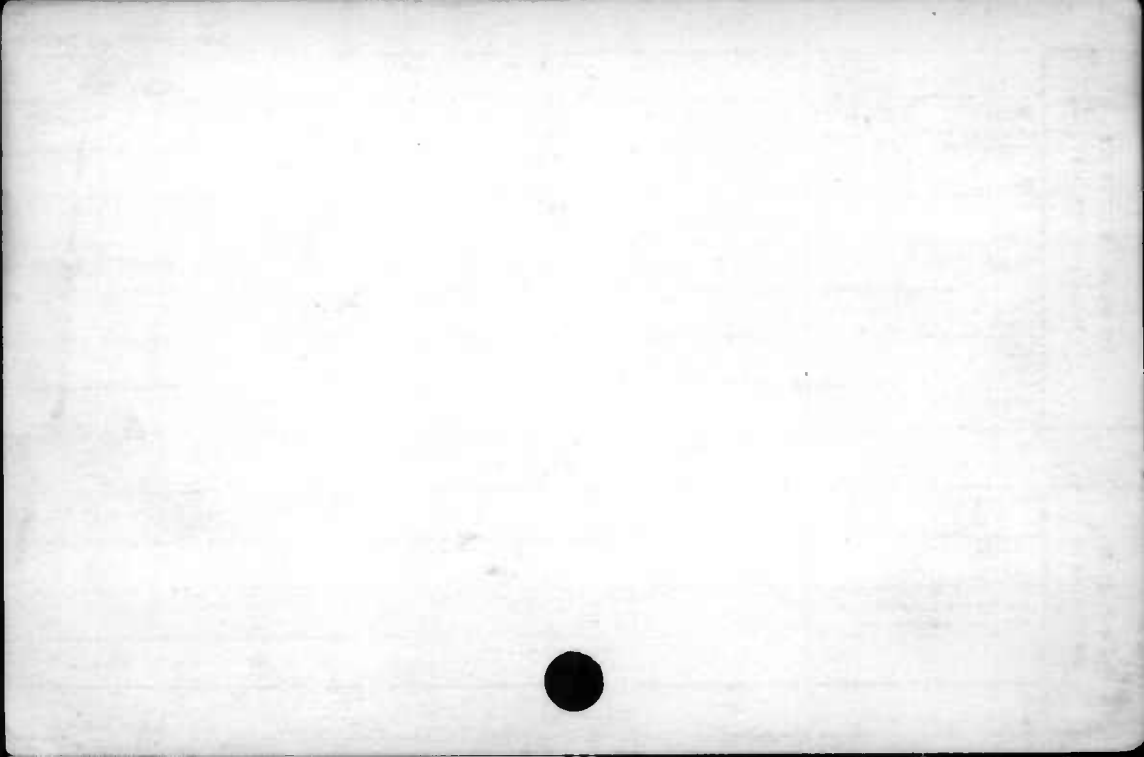
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>One week</u>
Immediate <u>Same</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. R. Friker</u>
	Address <u>Doctor</u>
Accident or Suicide? <u>—</u>	<u>Ind</u>



Name In Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Ridgely</u> Town		County <u>Caroline</u>		
		Date of death <u>1906</u> Month <u>March</u>		Day <u>7</u>	Age <u>20</u> Years	Months <u>2</u> Days <u>5</u>
		Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Green Anne Co</u>		
		Occupation <u>Farmer</u>	Where Residing if not at place of death <u>-</u>			
		Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>			
PHYSICIAN OR CORONER		Father's Name <u>Wm H Lane</u>		Father's Birthplace <u>Ind.</u>		
		Mother's Maiden Name <u>Sarah Nickerson</u>		Mother's Birthplace <u>Ind.</u>		
		Name of person giving information <u>L H Lane</u>		How related to deceased <u>Brother</u>		
		CAUSES OF DEATH				
Primary <u>Tuberculosis</u>		(27)		How long <u>1 year</u>		
Immediate <u>Asthma</u>				How long <u>3 months</u>		
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>H P G Miller</u>		Address <u>Hillsboro. Ind</u>		
Accident or Suicide?						



Name  
In  
Full

Harriet Ball Neamand.

## CERTIFICATE OF DEATH

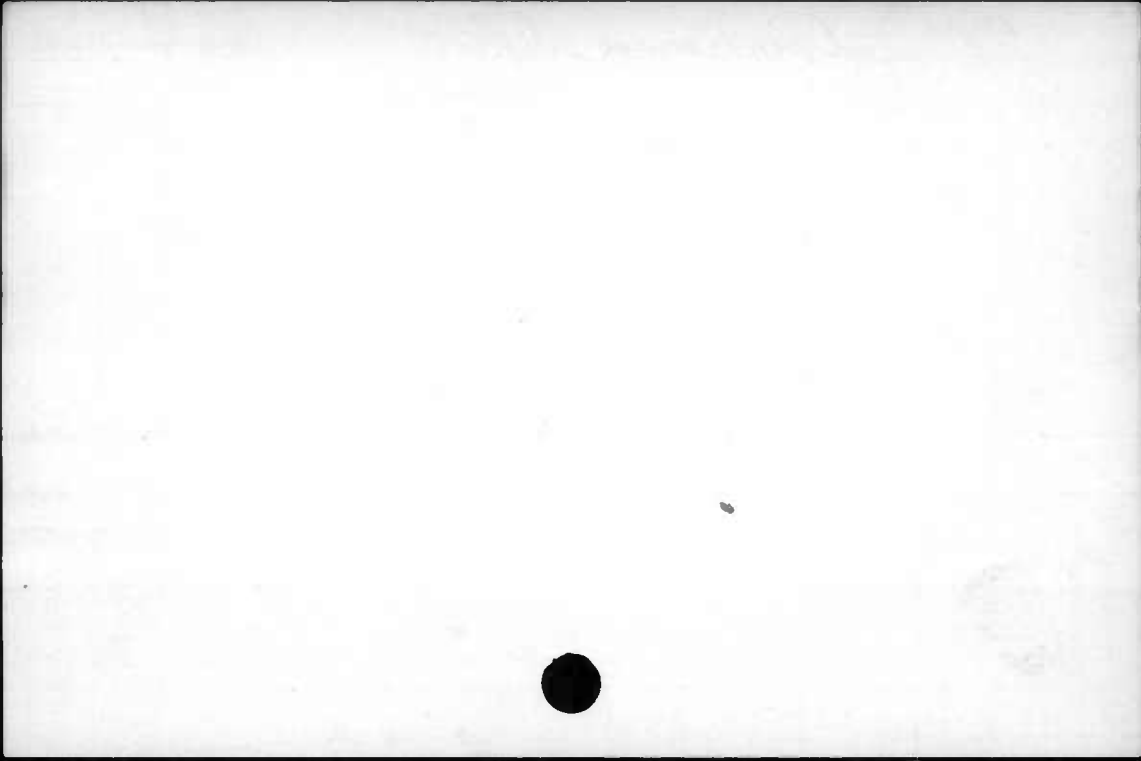
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ridgely</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>30</i>	Age <i>5</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Penna.</i>				
Occupation <i>Housewife</i>			Where Residing If not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Milton Neamand.</i>					
Father's Name <i>Jas. Ashton</i>			Father's Birthplace <i>Penna</i>				
Mother's Maiden Name <i>Hannah Hendricks</i>			Mother's Birthplace <i>Penna</i>				
Name of person giving information <i>Mrs. Mrs. Bridgeford</i>			How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

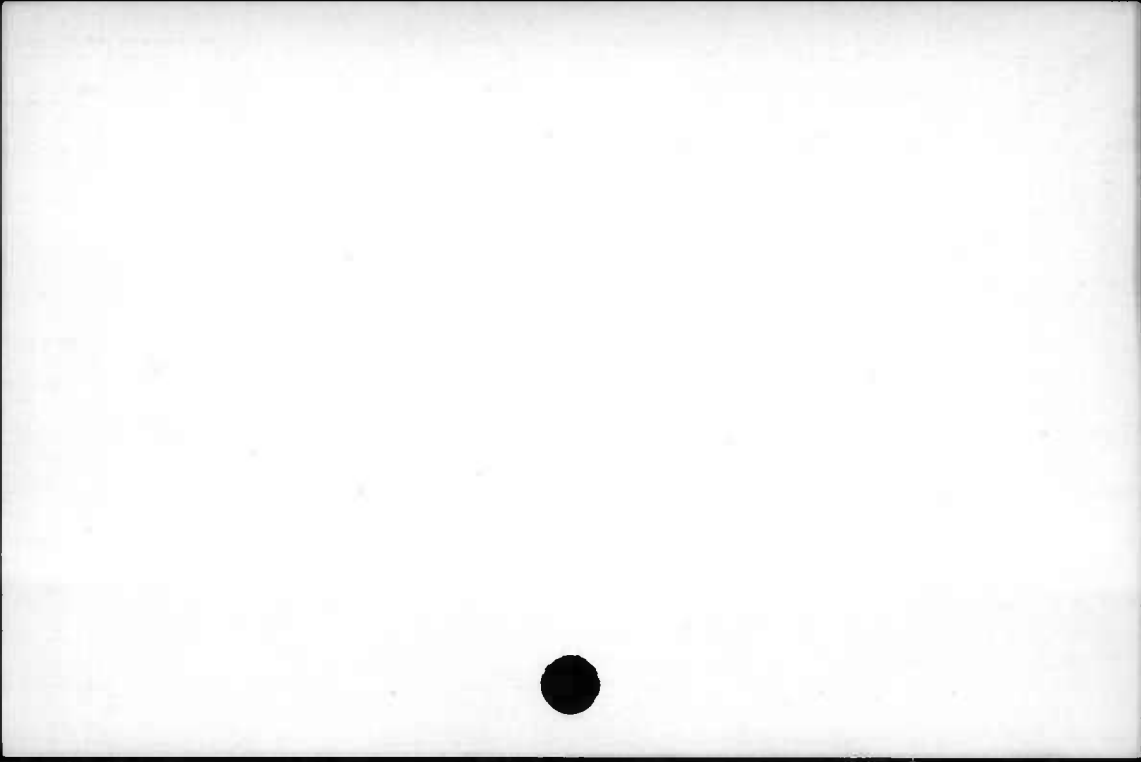
PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>J. J. Stone</i>
	Address <i>Ridgely Md.</i>
Accident or Suicide?	

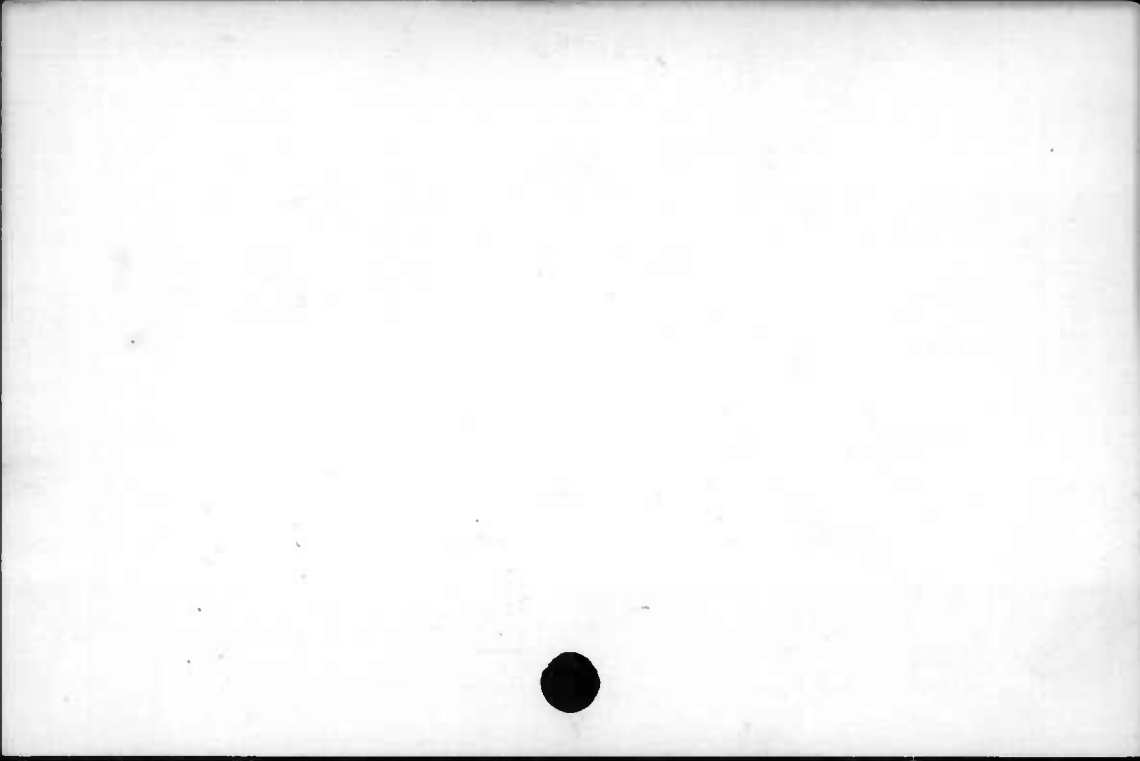




Name in Full		Ollie Lockerman Sifox						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Ridgely <sup>Town</sup>			Caroline <sup>County</sup>			MARYLAND	
	Date of death	1906	Month 3	Day 16	Age	One	Years	Months 8	Days
	Sex	Female		Color or Race	African		Birth- place	Md.	
	Occupation	Infant			Where Residing if not at place of death		Caroline co.		
	Married, Single or Widowed	Single		Name of Wife or Husband					
	Father's Name	Marshall Lockerman					Father's Birthplace	Md.	
	Mother's Maiden Name	Harriet Sifox (not married)					Mother's- Birthplace	Md.	
Name of person giving In formation	Wm Sifox (X)					How related to deceased	Grandfather		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Pneumonia (93)					How long	Four weeks	
	Immediate	only saw child once					How long		
	Are the name, age, sex, color, date and place correctly given above? I think so					Signature of Physician	M. R. Rickards		
						Address	Ridgely, Md.		
Accident or Suicide?									



Name in Full		Seth		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> near Ridgely		<sup>County</sup> Caroline		MARYLAND
	Date of death 1906	Month 3	Day 27	Age	Months 7 Days
	Sex Female		Color or Race Negro		Birth-place Old
	Occupation -		Where Residing If not at place of death		
	Married, Single or Widowed -		Name of Wife or Husband -		
	Father's Name Stephen Thos. Seth.		Father's Birthplace Old		
Mother's Maiden Name Clintonia Clark -		Mother's Birthplace Old			
Name of person giving information S. J. Seth.		How related to deceased Father.			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Measles -		How long 6 weeks		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician S. J. Stone.		
			Address Ridgely.		
Accident or Suicide?		Med.			



Name  
in  
Full

*Laura Bme Spencer*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Denton</i> <small>Town</small>		<i>Casselin</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>31</i>	Age <i>20</i>	Years <i>20</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>—</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long
Immediate <i>Heart Failure</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. N. Nichols M.D.</i>	
	Address <i>Denton Md.</i>	
Accident or Suicide?		



Name  
in  
Full

*Nella Blanche Stanford*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Mt Newton* <sup>Town</sup> *Cordell* <sup>County</sup>

Date of death *1906* <sup>Month</sup> *Mar* <sup>Day</sup> *8* <sup>Years</sup> *17* <sup>Months</sup> *2* <sup>Days</sup> *11*

Sex *Female* <sup>Color or Race</sup> *Calver* Birth-place *Ms*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *W. Stanford* Father's Birthplace *Ms*

Mother's Maiden Name *Maggie Foster* Mother's Birthplace *Ms*

Name of person giving Information *W. Stanford* 137 How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

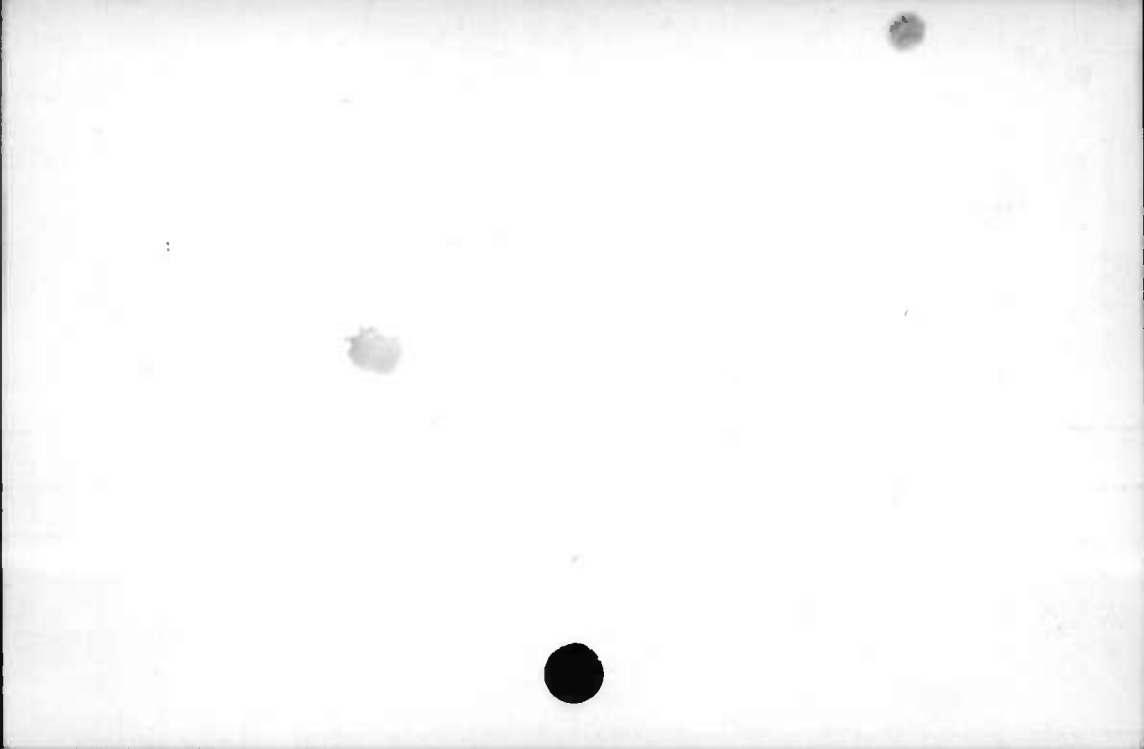
Primary *Pericardial Suppura* How long *about 5 days*

Immediate *Suppura* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. Raymond Dawner*

Address \_\_\_\_\_

Accident or Suicide? \_\_\_\_\_





Name  
in  
Full

Kingato Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> near Bethel <sup>County</sup> Caroline

Date of death 1906 <sup>Month</sup> March <sup>Day</sup> 30 <sup>Age</sup> 68 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex male <sup>Color or Race</sup> white <sup>Birth-place</sup> Maryland

Occupation Farmer <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed married <sup>Name of Wife or Husband</sup> Mary C. Wallace

Father's Name Alonza Wallace <sup>Father's Birthplace</sup> Maryland

Mother's Maiden Name Gaybril <sup>Mother's Birthplace</sup> Maryland

Name of person giving information Mary C. Wallace <sup>How related to deceased</sup> wife or widow

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

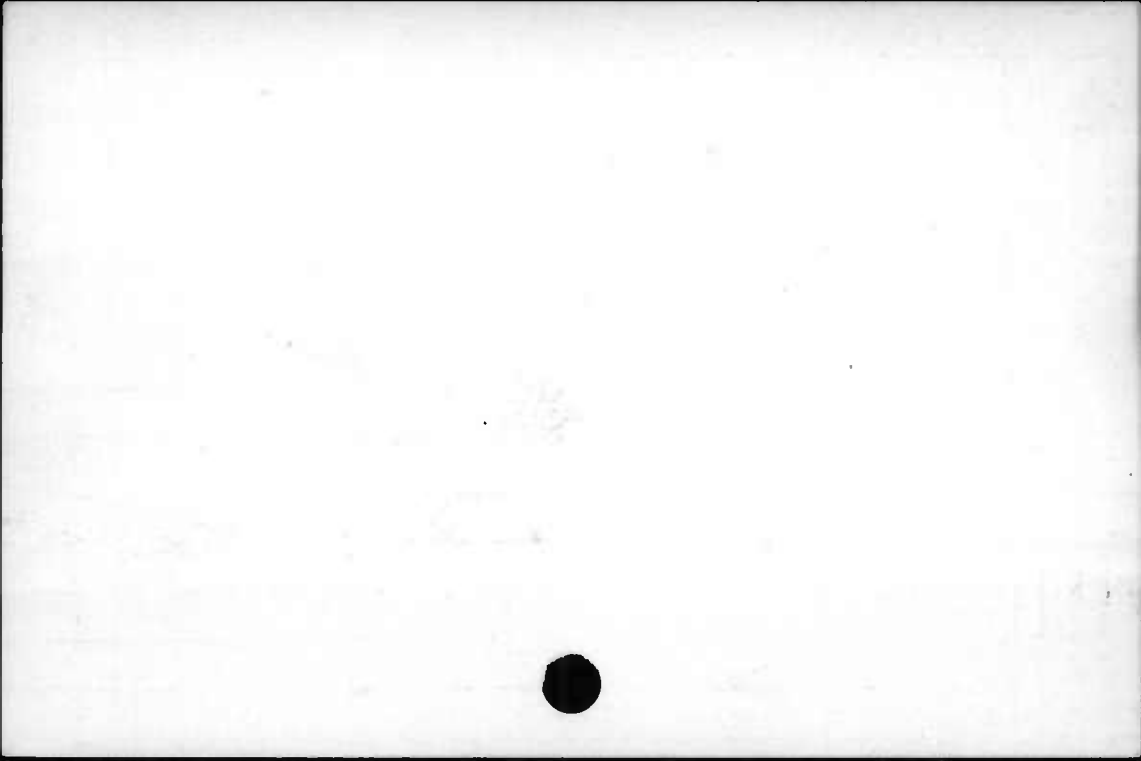
Primary Paralysis (66) <sup>How long</sup> 2 mo.

Immediate

Are the name, age, sex, color, date and place correctly given above? yes <sup>Signature of Physician</sup> J. L. Noble

<sup>Address</sup> Preston Md

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John A. Wilson</i>		Town <i>Vinton</i>		County <i>Danville</i>		MARYLAND	
Died at <i>Vinton</i>		Month <i>3</i>		Day <i>13</i>		Age <i>49</i>	
Date of death <i>1906</i>		Month <i>3</i>		Day <i>13</i>		Age <i>49</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mo of</i>			
Occupation <i>Farming</i>		Where Residing if not at place of death <i>same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Wilson</i>					
Father's Name <i>J. H. Wilson</i>		Father's Birthplace <i>Mo of</i>					
Mother's Maiden Name <i>Mary Wilson</i>		Mother's Birthplace <i>Mo of</i>					
Name of person giving information <i>Mr J. A. Wilson</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>One week</i>	
Immediate <i>same</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>P. B. Fisher</i>	
		Address <i>Danville</i>	
Accident or Suicide? <i>—</i>		<i>Mo of</i>	

